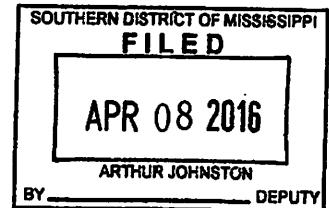


IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
Southern DIVISION

(Write the District and Division, if any, of
the court in which the complaint is filed.)



PETTWAY, ZACHARY A

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

: Complaint for Violation of Fair
Labor Standards

: Case No. 1:16CV120 HSO-JCG

: (to be filled in by the Clerk's Office)

Jury Trial: Yes No
(check one)

-against-

CLARK OIL COMPANY
SAXER, MICHAEL
BROWN, SAUNDRA L

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	ZACHARY ALLEN PETTWAY
Street Address	880 CEDAR LAKE RD LOT #93
City and County	BILOXI HARRISON
State and Zip Code	MISSISSIPPI 39532
Telephone Number	(228) 282-3703
E-mail Address	ZACPETTWAY01@GMAIL.COM

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	CLARK OIL COMPANY
Job or Title	CORPORATION
(if known)	
Street Address	720 STATION STREET
City and County	WAYNESBORO WAYNE
State and Zip Code	MISSISSIPPI 39367
Telephone Number	(601) 735-4847
E-mail Address	<u>JONFRANK@CLARK-OIL.COM</u>
(if known)	

Defendant No. 2

Name	MICHAEL SAXER
Job or Title	DISTRICT MANAGER
(if known)	
Street Address	134 FARRAR LN
City and County	WAVELAND HANCOCK

State and Zip Code MISSISSIPPI 39567
Telephone Number 228-216-4365
E-mail Address MICHAELS@CLARK-OIL.COM
(if known)

Defendant No. 3

Name SAUNDRA LYNN BROWN
Job or Title GENERAL MANAGER
(if known)
Street Address 880 CEDAR LAKE RD LOT 202
City and County BILOXI HARRISON
State and Zip Code MISSISSIPPI 39532
Telephone Number (228) 243-2841
E-mail Address SANDYR228@GMAIL.COM
(if known)

Defendant No. 4

Name _____
Job or Title _____
(if known)
Street Address _____
City and County _____
State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known)

C. Place of Employment

The address at which I am employed or was employed by the defendant(s) is:

Name INTERSTATE SHELL
Street Address 990 CEDAR LAKE RD
City and County BILOXI HARRISON
State and Zip Code MISSISSIPPI 39532
Telephone Number (228) 392-3110

II. Basis for Jurisdiction

This action is brought pursuant to (*check all that apply*):

- Fair Labor Standards Act, as codified, 29 U.S.C. §§ 201 to 209.
- Relevant state law
- Relevant city or county law

III. Statement of Claim

State as briefly as possible the facts of your case. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Nature of employer's business:

Interstate Shell is a high volume, 24 hour, truck stop that has a retail store with full walk in cooler, a front forecourt with 10 dispensers and 3 Diesel only dispensers in the rear forecourt.

B. Dates of employment:

I was employed at Interstate Shell from December 27, 2013 thru March 23, 2016.

C. Employee's job title and a description of the kind of work done:

I was the Assistant Store Manager. My job duties ranged from cashiering, doing the books, counting money and preparing deposits, ordering and putting out the Imperial truck, Auditing store departments for retail totals, monitoring staff, hiring and training cashiers.

D. Rate, method, and frequency of wage payment:

I was paid an hourly rate of \$9.50 each week by direct deposit to my company issued Money Network prepaid Visa card.

E. Number of hours actually worked each week in which a violation is claimed:

An additional page is attached with the dates as well as the total number of hours actually worked for that week.

F. Description of the alleged violation(s) (*check all that apply*):

- Failure to pay the minimum wage (*explain*)

- Failure to pay required overtime (*explain*)

- Other violation(s) (*explain*)

I was coerced by Saundra Brown into working hours over 40 without receiving pay. I was promised a quarterly bonus, pay raise, and paid time off in exchange for the unpaid hours, which I never received. When I attempted to get help from Saundra's boss, Michael Saxon, I was told that I waited too long and he would try to pay me if possible. After my promotion to Assistant Manager I was not allowed to log my own time in and out any longer. Saundra Brown would sabotage my time records and berate me about potentially losing her bonus if I tried to record them myself. Clark Oil Company violated my rights to my wages by not accurately keeping track of my hours worked.

G. Date(s) of the alleged violation(s):

I have attached a separate sheet identifying specific dates of the alleged violations

H. Additional facts:

Michael Saxon was supposed to audit his district's labor record each week to ensure conformity with federal laws but neglected to do so. His negligence is a factor in the stores ability to use illegal practices to evade paying me fair wages. After reporting my wage complaint to Michael I was immediately retaliated against by sending me on 5 days unpaid leave, eliminating my position and transferring me to a location substantially farther than I was willing to drive. This led to my unemployment. I also had to take work home many nights (spreadsheets/schedules) that was very time consuming and I wasn't compensated for

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I am seeking payment for the hours that I worked off the clock amounting to 893 hours at \$14.25 per hour totaling \$12,725. I am also seeking liquidated damages for these hours in the amount of \$12,725. My total monetary judgment requested from the court amounts to \$24,450.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

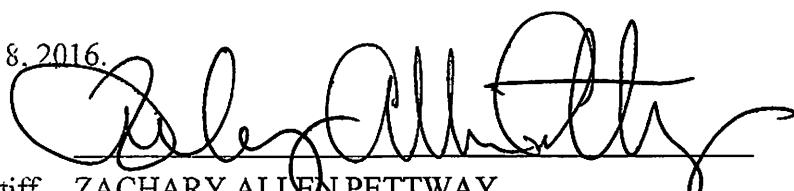
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: April 8, 2016.

Signature of Plaintiff

Printed Name of Plaintiff ZACHARY ALLEN PETTWAY



B. For Attorneys

Date of signing: _____, 20___.

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

Telephone Number _____

E-mail Address _____